

1	<b>600</b>	<b>DOMESTIC VIOLENCE</b>	
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## 600.2 Philosophy

Utah Code Ann. [§62A-4a-105 \(17\)](#) states, "The division shall provide domestic violence services in accordance with the requirements of federal law, and establish standards for all direct or contract providers of domestic violence services. Within appropriation from the legislature the division shall provide or contract for a variety of domestic violence services and treatment methods."

There is a high, positive correlation between domestic violence and child abuse and neglect. Domestic violence is not only an act of aggression against the adult victim in the home, it is also a dangerous act that places children at risk for abuse and neglect.

Collaborative links with community partners should be developed and maintained to provide services to families experiencing domestic violence.

The goals of domestic violence services are:

- A. To interrupt the cycle of violence in families and prevent the occurrence of further violence.
- B. To promote the safety of victims and dependent children by providing emergency sheltering and other necessary services to connect them to needed resources.
- C. To ensure the availability of service and support programs for victims of domestic violence and their dependent children to assist them to live violence-free lives.
- D. To ensure the availability of treatment programs for court-ordered and voluntarily participating perpetrators to teach them non-violent behavior patterns.
- C. To maintain a cooperative relationship between law enforcement, prosecution, courts, legal aid, medical providers, treatment providers, social services and other community agencies, to coordinate the prevention and treatment of domestic violence.

**600.3 Child And Family Services And Worker Expectations**

Domestic violence is recognized as causing harm to both adults and children. Children and families experiencing domestic violence may receive services through both the child welfare programs and domestic violence programs. The domestic violence programs recognize that the safety, permanency, and stability of children will be enhanced through the provision of appropriate and responsive services to their parents.

Domestic violence interventions will:

- A. Hold perpetrators of domestic violence, not their victims, responsible and accountable for their abusive behavior.
- B. Increase the safety of the adult victim as a strategy for increasing the safety and well-being of the children.
- C. Respect the rights of adult victims to direct their own lives.
- D. Facilitate community collaboration
- E. Be offered to all persons meeting the definition of co-habitant who either voluntarily or through a court order seek domestic violence services regardless of whether they have children.

In order to provide prevention, intervention, and treatment resources for adults, children, and families experiencing domestic violence, Child and Family Services will employ and support state and regional staff as domestic violence coordinators, domestic violence treatment workers, and support staff.

Child and Family Services shall strive to gain knowledge and understanding of the issues relating to domestic violence to provide optimal services to those clients who we are mandated to protect.

The Child and Family Services domestic violence program staff will provide, broker, or refer clients to services and resources that meet the emotional, physical, and cognitive needs of clients seeking interventions for domestic violence. These services will directly address risk, safety factor, and immediate needs in order to provide protection from current and future risk options.

90 The Child and Family Services domestic violence program staff will develop and  
91 deliver services and resources that honor the adult client's right to self-determination.  
92 The client's need for confidentiality will always be considered in the delivery of  
93 services, assisting the client to progress in their personal growth and development.  
94

95 The Child and Family Services domestic violence program staff will always assess the  
96 need to develop differential treatment activities for the adult clients (cohabitants) based  
97 on individual assessments of those clients, with careful consideration given to the  
98 client's cultural needs and beliefs.  
99

100 The Child and Family Services domestic violence program staff will support and  
101 participate in the development of treatment plans that are based on client strengths,  
102 skills, and abilities. Available and appropriate resources will be taken into  
103 consideration. Active participation with the child and family team, when appropriate,  
104 will also be required.  
105

106 The Child and Family Services domestic violence program staff will participate in the  
107 development of community-based training for the community partners in the domestic  
108 violence network.  
109

110 The Child and Family Services domestic violence program staff will promote practice  
111 that recognizes and addresses offender accountability.  
112

113 The Child and Family Services domestic violence program staff will assist in developing  
114 and coordinating resources geared towards increased public awareness, education, and  
115 support for domestic violence services and resources, including prevention programs,  
116 legislative initiatives, and funding requests through supporting the state and local  
117 domestic violence coalitions.  
118

119 The Child and Family Services domestic violence staff will strive to maintain the highest  
120 level of professional competency by engaging in self-assessment to determine their  
121 specific strengths and needs and seeking ongoing training in order to improve their  
122 individual skill levels.  
123

## 601 Major Objectives

### 601.1 Regional Domestic Violence Programs

Major objectives:

Each region will employ a domestic violence coordinator, domestic violence specific caseworkers, and support staff.

### Summary of the Law

#### §62A-4a-105

(17) provide domestic violence services in accordance with the requirements of federal law, and establish standards for all direct or contract providers of domestic violence services. Within appropriations from the Legislature, the division shall provide or contract for a variety of domestic violence services and treatment methods;

### Procedures

#### A. The regional coordinator shall:

1. Support and demonstrate Practice Model Principles and require that all domestic violence workers attend each training module.
2. Coordinate with region trainers on training needs and requirements of domestic violence staff and allied agencies.
3. Model behaviors consistent with those outlined in the Practice Model.
4. Develop domestic violence services in compliance with best practice that respond to the unique demographic and service needs of the region.
5. Provide technical assistance and problem resolution for staff and allied agencies.
6. Conduct ongoing needs assessment throughout the region.
7. Implement collaboration between child welfare and domestic violence staff and partners by providing case consultation and mentoring when appropriate.
8. Assist with development and ongoing work of the local coalition(s).
9. Manage the domestic violence incident reports on the designated database and the Intake and service coordination systems throughout the region.
10. Participate and collaborate with the Utah Domestic Violence Advisory Council, the Domestic Violence Steering Committee, and other committees as necessary.
11. Attend and participate in regional administration meetings.
12. Provide supervision for the domestic violence unit workers in the region.
13. Facilitate hiring process of all regional domestic violence staff.

- 
14. Monitor employee performance.
  15. Encourage and facilitate collaboration between domestic violence workers and allied agencies.
  16. Provide strengths-based guidance, oversight, and support of domestic violence staff.
  17. Develop and monitor programs for domestic violence contract providers in the region.
  18. Maintain a working relationship with contract providers and in-house service providers to assist in identifying and resolving issues relating to service provision.
  19. Conduct on-site reviews of contract and in-house providers.
  20. Monitor and authorize payments to providers.
  21. Collaborate with the regional contract specialist on domestic violence RFP's and contract renewals.
  22. Provide oversight and management of the domestic violence (KHM) region budget.
  23. Attend regional meetings concerning budget issues and provide the region with updates about service needs and funding use.
- B. The domestic violence social service worker shall:
1. Provide coordination with local/county domestic violence programs by networking with allied agencies and participating on the local domestic violence coalition(s), provide training and educational presentations, participating in other committees as needed, and establishing and maintaining working agreements between Child and Family Services and the criminal justice system regarding the collection of domestic violence law enforcement incident reports, protective orders, and treatment court orders.
  2. Information obtained through coordination with Child and Family Services, law enforcement, and the criminal justice system will be disseminated to appropriate agencies and entered into the designated database. Intake and service coordination will be provided for court-ordered clients.
  3. Participate in criminal, civil, and juvenile court hearings and agency staffings as needed.
  4. Provide outreach and case management services, which include crisis intervention, individual and group counseling (education and support), referrals, and advocacy.
  5. Collaborate with child welfare on cases with a domestic violence component, including preparing a referral to CPS, participating in case

204 staffings, facilitating child and family team meetings when appropriate,  
205 participating in the development of child and family plans, assisting in  
206 assessing risk, and assisting in the development of domestic violence  
207 safety plans as appropriate. Facilitate and arrange for assessments as  
208 needed.

209 6. Participate in domestic violence unit meetings, collect data and complete  
210 monthly reports as needed, open DV01 cases, and maintain case files.  
211

## 601.2 Domestic Violence Services Providers

### Major objectives:

Child and Family Services shall assure that domestic violence services provided by Child and Family Services staff or by contract are provided only by individuals, groups, or agencies licensed and trained to provide those specific services.

### **Summary of the Law**

No governing statute.

### Procedures

- A. Emergency shelters shall meet the current Department of Human Services (DHS) Office of Licensing requirements for residential support programs.
- B. Shelter Employees and Volunteer Staff - Shelter employees and volunteer staff shall comply with all applicable contract and DHS licensure requirements, including the DHS Code of Conduct.
- C. Outpatient treatment for domestic violence shall meet the current DHS Office of Licensing requirements for treatment.
- D. Providers of Domestic Violence Perpetrator Treatment - Providers shall comply with the DHS Licensing Standards, Section C-IV, Outpatient Treatment Standards. Individuals providing domestic violence perpetrator outpatient treatment services shall be licensed in accordance with the Mental Health Professional Practice Act (Utah Code Ann. [§58-60](#)).
- E. Support Group Facilitators - Support groups for victims of domestic violence shall be facilitated by a licensed social service worker.
- F. Worker requirements:
  1. Individuals providing action plan services to victims shall possess, at a minimum, a Bachelor's Degree and Social Services Worker License. Within nine months of hiring, they shall complete the Domestic Violence Basic Skills and Knowledge Training offered by Child and Family Services or, if not a Child and Family Services worker, a comparable training course.
  2. All shelter workers, volunteers and advocates shall have been trained to include, but not limited to:



- 252                   a.     Twenty-four hours pre-service shelter training.
- 253                   b.     Sixteen hours of in-service training annually.
- 254

## 601.3 Emergency Shelter And Crisis Counseling

### Major objectives:

Child and Family Services shall assure that providers of domestic violence services provide emergency shelter and crisis counseling services to victims and dependents.

### **Summary of the Law**

No governing statute.

### Procedures

- A. If shelter space is unavailable, the shelter staff shall make reasonable efforts to assist the victim to find alternative shelter and/or safety.
- B. If the adult victim of violence requests shelter and is not a cohabitant, the shelter will document why the shelter is needed and will obtain written permission from the region director or designee.
- C. Shelters shall ensure 24-hour shelter care, shelter supervision, and a 24-hour hotline for victims of domestic violence and their dependent children.
- D. Victims are eligible for sheltering up to 30 days per year, which may be extended beyond 30 days with written permission of the region director or designee. Request for extension shall include the client name, date of birth, names and dates of birth of all dependent children, a short client history detailing why extension is needed, and a suggested extension time frame.
- E. In areas where a shelter is not available, victims shall be assisted in locating alternate crisis housing.
- F. All reasonable means shall be used to protect the victim and any dependents from further abuse, including crisis counseling and coordination with law enforcement, perpetrator treatment providers, and other allied agencies as necessary.
- G. Any individual with alcohol or drug levels, mental health/behavioral or medical problems that, in the judgment of the program staff, would endanger that individual or the safety or well-being of other shelter residents or staff, shall be referred to other resources. The person's condition shall be stabilized prior to acceptance in a shelter. If dependent children appear in immediate or imminent

295 danger because of the condition of the parent, an immediate referral shall be  
296 made to law enforcement or child protective services.

- 297  
298 H. Victim services are voluntary and an individual may terminate services at any  
299 time. However, if it is suspected that dependent children may be in imminent  
300 danger, an immediate referral to law enforcement or child protective services  
301 shall be made at the time the family terminates service or leaves the shelter.  
302

- 303 I. If a victim's behavior in shelter care jeopardizes the well-being or safety of other  
304 shelter residents or staff, the individual shall be deemed no longer eligible for  
305 shelter service. Program staff shall make reasonable efforts to assist the  
306 individual in finding alternative living arrangements. If termination from the  
307 shelter places dependent children in imminent danger, an immediate referral  
308 shall be made to law enforcement or child protective services.  
309

- 310 J. Confidentiality procedures and standard controls (e.g., signed staff/volunteer or  
311 client pledges) shall be implemented for all training, all types of telephone and  
312 in-person contact, and all record-keeping functions. These include:

- 313 1. Names and descriptions of all clients.  
314 2. All information collected in the course of Intake interviews, telephone  
315 conversations, and any information learned in the course of contact with  
316 law enforcement, legal, and/or other social service personnel.  
317 3. All client record information shall only be released according to the Utah  
318 Government Records Access and Management Act (GRAMA).  
319

- 320 K. Shelters shall document all training of all staff and volunteers on written and  
321 posted security risk procedures, which shall cover:

- 322 1. Shelter intrusion of non-authorized persons, including perpetrators.  
323 2. Victim stalking.  
324 3. Harassment.  
325 4. Telephone harassment.  
326 5. Anyone providing shelter services is prohibited from solicitation of  
327 services for personal or professional gain from clients contacted through  
328 their work in or for the shelter.  
329

- 330 L. Alternate crisis housing:

- 331 1. When emergency shelter is not appropriate or when the shelter is full, the  
332 Child and Family Services worker or contracted shelter provider shall  
333 facilitate alternate crisis housing for domestic violence victims and  
334 dependents.

- 
- 335           2.       Alternate crisis housing may be in motels, community shelters, or other  
336                       comparable facilities.
- 337           3.       Victims are eligible for housing up to seven days, which may be extended  
338                       beyond seven days with written permission of the region director or  
339                       designee. Request for extension shall include the client name, date of  
340                       birth, names and dates of birth of all dependent children, a short client  
341                       history detailing why extension is needed, and a suggested extension time  
342                       frame.
- 343           4.       Victim services, while the victim and dependents are in alternate crisis  
344                       housing, shall be coordinated by a Child and Family Services worker or  
345                       contracted shelter provider.
- 346           5.       All reasonable means shall be used to protect the victim and any  
347                       dependents from further abuse, including crisis counseling and  
348                       coordination with law enforcement, perpetrator treatment providers, and  
349                       other allied agencies as necessary.
- 350
- 351 M.     Victim services:
- 352           1.       Victims shall be given information and assistance as follows, documented  
353                       in the client's action plan and facilitated by the service provider:
- 354                   a.       A review of danger with the victim and discussion of the level of  
355                       the victim's risk of safety.
- 356                   b.       A review of a safety plan with the victim.
- 357                   c.       A review of a protective order and/or referral to appropriate  
358                       agency or clerk of the court authorized to issue the protective order.
- 359                   d.       A review of supportive services to include, but not be limited to,  
360                       medical, self-sufficiency, day care, legal, financial, and housing  
361                       assistance. The provider shall facilitate connecting services to those  
362                       resources as requested. Appropriate referrals shall be made, when  
363                       indicated, and documented in the case files for psychiatric  
364                       consultation, drug and/or alcohol treatment, or other allied  
365                       services.
- 366           2.       Individual and/or group support, educational, or crisis counseling  
367                       services shall be made available to assist a victim whether sheltered or  
368                       not. Appropriate support, educational, or crisis counseling services shall  
369                       be provided to dependent children while in the shelter. When not  
370                       sheltered, referrals for children's services shall be made, if requested by  
371                       the parent, to an appropriate community resource.
- 372           3.       Any apparent medical need shall be referred to a qualified medical  
373                       professional prior to sheltering. The shelter program is not responsible for  
374                       medical expenses or for dispensing medication. All medication must be

- 
- 375 under lock and key at all times except when given to the client upon  
376 request for self-medication or upon client leaving the shelter. Written  
377 procedures for care of medication shall be in place.
- 378 4. If it is suspected that dependent children may have been or are currently  
379 being abused, an immediate referral shall be made to law enforcement or  
380 child protective services.
- 381 5. Program staff shall ask the client if she/he is currently being served by a  
382 child welfare caseworker. If yes, then the caseworker shall be notified of  
383 the client's entry into the shelter and again when the client leaves the  
384 shelter.
- 385 6. Individual action plan: Each individual served in the shelter shall be seen  
386 by a licensed social service worker within two working days. An  
387 individual action plan shall be written, signed by the client, and  
388 maintained in individual client files, which includes:
- 389 a. A statement of the problem, including a description of the abuse  
390 that occurred.
- 391 b. A list of the client's goals with specific timelines.
- 392 c. Specific action steps the client will take to accomplish the goals.
- 393 d. Progress notes indicating progress toward the goals.
- 394 e. A brief termination summary at the end of services indicating  
395 outcomes of services as well as projection of the client's ability to  
396 remain abuse-free.
- 397 f. If a client's contact with the program is too short to develop an  
398 action plan (less than two working days) or a plan cannot be  
399 developed for other reasons, then a note to that effect shall be made  
400 in the client record.
- 401 g. Shelter providers shall utilize an evaluation instrument to solicit  
402 clients' evaluation of shelter services.
- 403
- 404 N. Documentation:
- 405 1. Complete form DV01 - follow the form instructions for each individual  
406 receiving service, whether sheltered or not. The form may be completed  
407 by either contract provider or Child and Family Services staff and shall be  
408 submitted to the appropriate Child and Family Services office for terminal  
409 entry no later than 20 days after intake, and again no later than 20 days  
410 after service ends, updating services provided.
- 411 2. All shelter providers shall maintain an accurate record of the numbers of  
412 clients and dependent children sheltered, number of group and individual  
413 treatment sessions provided, and other activities as requested on the  
414 Attachment G-1 reporting form.

- 415  
416 O. Domestic violence programs shall provide, when feasible, domestic violence  
417 educational presentations and information dissemination to the general public.  
418
- 419 P. Domestic violence programs shall be represented in the local domestic violence  
420 coalition meetings and shall maintain a cooperative working relationship with  
421 allied agencies working on domestic violence cases.  
422
- 423 Q. Outpatient treatment:  
424 1. Victim/child treatment, individual, and/or group counseling services  
425 shall be made available to assist a victim whether sheltered or not.  
426 Appropriate counseling services shall be provided to dependent children  
427 while in the shelter. Domestic violence victims and their dependent  
428 children are eligible for outpatient treatment services whether sheltered or  
429 not.
- 430 2. Programs providing victim or child treatment services shall comply with  
431 the DHS Licensing Manual Standards, Outpatient Treatment Standards.
- 432 3. Individuals providing victim or child treatment services shall be licensed  
433 in accordance with the Mental Health Professional Practice Act (Utah  
434 Code Ann. [§58-60](#)).
- 435 4. Couples counseling shall not be utilized until an assessment has been  
436 conducted that indicates the victim is at low risk for endangerment of  
437 further abuse due to the counseling. The assessment shall, at a minimum,  
438 document that the abuser is taking responsibility for his/her behavior and  
439 that all forms of physically abusive behavior have stopped. In addition, it  
440 shall document that the victim is not taking responsibility for the abuser's  
441 behavior, and has acquired sufficient assertiveness skills to state his/her  
442 needs in the relationship. This section does not preclude brief meetings  
443 conducted jointly with the victim and the perpetrator for the purpose of  
444 explaining or informing the parties about such matters as program  
445 procedures, behavioral contract provisions, or anger management  
446 techniques.  
447

**601.4 Perpetrator Treatment**

Major objectives:

Child and Family Services shall provide or contract for domestic violence services to perpetrators who are court ordered to participate or who voluntarily participate.

**Summary of the Law**

No governing statute.

Procedures

Programs shall not provide couples counseling nor include a perpetrator and victim in the same therapy group until an assessment has been conducted that indicates the victim is at low risk for endangerment of further abuse due to the counseling. The assessment shall utilize, at a minimum, the same criteria.

## **601.5 Contract Billing**

### **Summary of the Law**

No governing statute.

### Procedures

Child and Family Services contract billing:

- A. Domestic violence contract funds must be used to pay for treatment services in which the primary focus is the treatment of domestic violence. However, it is acknowledged that many domestic violence perpetrators and victims have co-occurring psychiatric diagnoses that may be appropriately addressed by limited integration into the treatment plan by the provider or by referral. If these issues are integrated into the treatment plan, they should not dominate treatment. Additionally, they must be consistent with the assessment and the diagnosis.
- B. Domestic violence contract funds will not be reimbursed for alcohol/drug abuse treatment, general counseling, or marriage counseling.
- C. Treatment providers shall verify client income and document that an appropriate sliding fee schedule was utilized to bill first and third-party payments prior to billing the balance to the Child and Family Services Domestic Violence Fund. Only first-party fees may be waived for victims whose cohabiting partner is also undergoing treatment in the same program.